

Van Diest Medical Center Foundation

10th ANNUAL GOLF OUTING REGISTRATION FORM

Friday, September 26th, 2025 | 12:00 p.m.
The Links Golf Course

Registrant Information:

First Name

Last Name

Company/Organization (If Applicable)

Street Address

City

State

Zip

Email Address

Phone Number

We will provide our own golf carts

Additional Golfers

Golfer 2 Name _____ Email _____ Phone _____

Golfer 3 Name _____ Email _____ Phone _____

Golfer 4 Name _____ Email _____ Phone _____

Payment Method:

Cash

Check (Make check payable to: VDMC Foundation Golf Outing)

Please send invoice

Please return completed form and payment to:
Van Diest Medical Center, Attention: Lori Foster, 2350 Hospital Drive, Webster City, IA 50595
Form must be completed by Friday, September 12th to be included in program promotion.